## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

	NCE ADDRESS (Note: Use Bl		any change of add (3)	Fo ps	ote: A certificate of te(s) Transmittal. The pers. Each additionate tie its own certificat	us certific al paper, s	ate cannot be used for such as an assignmen	or any other accom	
	7590 09/19. ATION- AUSTII IWEN & VAN LEE			2000	Centereby certify that the lates Postal Service directed to the Mainsmitted to the USI	rtificate on this Fee(s) with sufficient Stop ISPTO (571)	of Moiling or Transmittal is being cient postage for firs SUE FEE address 273-2885, on the d	mission g deposited with the st class mail in an e above, or being f late indicated below	
AUSTIN, TX 78	709-0609				, <u>U (77, 1</u>		- 1	(Deposite	
								· (:	
	•			Ī			,		
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/814,736	03/31/2004		Richard Nigel Chamb		ain	GBS	220030066US1	7236	
1501 1400.00	0105 090447 1081 DA								
1504 APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FRE DU	B PREV. PAID ISSU	JE FEB	TOTAL FEE(S) DUE	DATE DU	
nonprovisional	NO	·····	\$1400	\$300	\$0		\$1700	12/19/200	
EXAM	INER	<u> </u>	ART UNIT	CLASS-SUBCLASS					
CAMPOS	, YAIMA		2185	711-170000					
CFR 1.363). Change of corresp Address form PTO/SI	ence address or indication ondence address (or Cha 3/122) attached.	nge of	Correspondence	For printing on the (1) the names of up or agents OR, alternate (2) the name of a sir	to 3 registered pate tively, agle firm (having as	nt attorne a member	a 2	VanLeeuu	
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attack	inge of ones. Use	Correspondence	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will	to 3 registered pate atively, agle firm (having as r agent) and the nar atomeys or agents. It be printed.	nt attorne a member nes of up	to T. h.		
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind. PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A	ondence address (or Cha B/122) attached. ication (or "Fee Address 2 or more recent) attach	inge of one of the original origi	Correspondence  ation form e of a Customer  E PRINTED ON	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will	to 3 registered pate tively, gle firm (having as r agent) and the nar ttorneys or agents. In the printed.	a member nes of up f no name	to 3 John	VanLeeuu D. Flynn	
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE OF ASSI	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp	" Indicated. Use	Correspondence  ation form  e of a Customer  E PRINTED ON alow, no assignee of this form is NO	(1) the names of up or agents OR, alternation (2) the name of a single registered attorney of a registered patent a listed, no name will of the PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (CI	to 3 registered pate tively, gle firm (having as r agent) and the nar ttorneys or agents. It be printed. type) patent. If an assig m assignment.  TY and STATE OR	a member a member nes of up f no name nee is ide	to 3 John  Intified below, the d	Vankeeuw De Flynn  document has been	
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE OF ASSI	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp	" Indicated. Use	Correspondence  ation form  e of a Customer  E PRINTED ON alow, no assignee of this form is NO	(1) the names of up or agents OR, alternated (2) the name of a single registered attorney of a registered patent a listed, no name will of the PATENT (print or data will appear on the T a substitute for filing a	to 3 registered pate tively, gle firm (having as r agent) and the nar ttorneys or agents. It be printed. type) patent. If an assig m assignment.  TY and STATE OR	a member a member nes of up f no name nee is ide	$ \begin{array}{ccc}  & 2 \\  & \text{to} \\  & 3 &  &  &  &  &  \\  & & & 3 &  &  &  &  &  \\  & & & & & & & & & \\  & & & & & & & &$	Vankeeuw De Flynn  document has been	
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE OF ASSI	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Com GNEE	" Indicated. Use	correspondence  ation form of a Customer  E PRINTED ON alow, no assignee of this form is NO	(1) the names of up or agents OR, alternated (2) the name of a sir registered attorney of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (CI	to 3 registered pate tively, gle firm (having as r agent) and the nar torneys or agents. It be printed.  type) patent. If an assign m assignment.  TY and STATE OR	a member nes of up f no name nee is ide COUNTR	$ \frac{\frac{1}{10}}{\frac{1}{10}} = \frac{2}{3} \frac{1}{3} \frac{1} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3$	Vankeeuw De Flynn locument has been	
CFR 1.363).  Change of corresp Address form PTO/SB/47: Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE NAME A PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSIGNEE NAME A The following fee(s):	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA his an assignee is ident in 37 CFR 3.11. Comp GNEE	" Indicated. Use	correspondence  ation form of a Customer  E PRINTED ON clow, no assignee of this form is NO	(1) the names of up or agents OR, alternation (2) the name of a sir registered attorney of 2 registered patent a listed, no name will of the PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (Croscotter (Croscotter)) (Croscotter)	to 3 registered pate utively, gle firm (having as r agent) and the nar torneys or agents. It be printed.  type) patent. If an assig m assignment.  TY and STATE OR  The printed of the printed of the printed.	a member nes of up f no name nee is ide COUNTR	to a 2 Tohn  Intified below, the decry  Onk, NY  nor other private gro	Vankeeuw D. Flynn document has been out entity Gov	
CFR 1.363).  Change of corresp Address from PTO/SE Address from PTO/SE From PT	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Comp GNEE	" Indicated. Use	correspondence  ation form of a Customer  E PRINTED ON alow, no assignee of this form is NO  Machine  Tries (will not be presented)	(1) the names of up or agents OR, alternation (2) the name of a sir registered attorney of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (CIMES COCOUNTIES COUNTIES COUNTIE	to 3 registered pate utively, gle firm (having as r agent) and the nar tomeys or agents. It be printed.  type) patent. If an assig m assignment. If and STATE OR Individual I Collease first reapply of lease first reapply of	a members of up f no name  COUNTR  Corporation  any previous	to to 3 John  Intified below, the decay of the private grouply paid issue fee	Vankeeuw D. Flynn document has been out entity Gov	
CFR 1.363).  Change of corresp Address from PTO/SE Address from PTO/SE From PT	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA h in 37 CFR 3.11. Comp 3NEE Trund Busine iate assignee category or are submitted:	" Indicated. Use	correspondence  ation form of a Customer  E PRINTED ON alow, no assignee of this form is NO  Machine  Tries (will not be presented)	(1) the names of up or agents OR, alternation (2) the name of a sir registered attorney of 2 registered patent a listed, no name will of the PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (Croscotter (Croscotter)) (Croscotter)	to 3 registered pate utively, gle firm (having as r agent) and the nar tomeys or agents. It be printed.  type) patent. If an assig m assignment.  TY and STATE OR  Individual (1) lease first reapply of the card. Form PTO-203	a member nes of up f no name  COUNTR  COUNTR  Corporation  any previews  8 is attack	to is 3 John  Intified below, the distribution of the private grouply paid issue fee thed.	Vankeeuw D. Flynn document has been out entity Gov shown above)	
CFR 1.363).  Change of corresp Address form PTO/SB/47: Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set form ANAME OF ASSIGNEE CALL The following fee(s):  Issue Fee Publication Fee (Name And Andrews And	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attached.  ND RESIDENCE DATA 6 is idented in 37 CFR 3.11. Companies and assignee is idented in 37 CFR 3.11. Companies assignee category of the submitted:  To small entity discount 1 if of Copies	" Indicated. Use A TO B iffied be pletion of the second of	correspondence  ation form  of a Customer  E PRINTED ON  clow, no assignee of this form is NO  Machier  aries (will not be property)	(1) the names of up or agents OR, alternation (2) the name of a sirregistered attorney of 2 registered patent a listed, no name will appear on the T a substitute for filing at (B) RESIDENCE: (Croscience) (Croscien	to 3 registered pate tively, gle firm (having as ragent) and the nar tomeys or agents. It is printed.  Type)  patent. If an assignment.  Ty and STATE OR  Individual (A)  lease first reapply the card. Form PTO-203 by authorized to chaposit Account Number 1 and 1 an	a members of up f no name  COUNTR  Corporation  any preview  s is attack  urge the recer of the	to is 3 John  Intified below, the decay of the private grouply paid issue fee thed.  In or other private grouply paid issue fee thed.  In or other private grouply paid issue fee thed.  In our of the fee (s), any decay of the fee (s), any decay of the fee (s).	Vankeeuw D. Flynn document has been coup entity Gov shown above) efficiency, or credit an extra copy of this	
CFR 1.363).  Change of corresp Address form PTO/SB/47: Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set form ANAME OF ASSIGNEE CALL The following fee(s):  Issue Fee Publication Fee (Name And Andrews And	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attached. ND RESIDENCE DATA less an assignee is ident in 37 CFR 3.11. Companies and assignee category or are submitted: To small entity discount part of Copies	" Indicated Use A TO B infied be pletion of a Category category above us. See : uired) v	correspondence  ation form  of a Customer  E PRINTED ON  Alow, no assignee of this form is NO  Machier  ries (will not be presented)  37 CFR 1.27.  will not be accepte	(1) the names of up or agents OR, alternation (2) the name of a sirregistered attorney of 2 registered patent a listed, no name will appear on the T a substitute for filing at (B) RESIDENCE: (Crosciented on the patent):  b. Payment of Fee(s): (P A check is enclosed Payment by credit overpayment, to Deduce the Applicant is no left of the patent of the Director is here overpayment, to Deduce the Applicant is no left of the payment of the Director overpayment, to Deduce the Applicant is no left of the payment of the Director overpayment, to Deduce the Applicant is no left of the Director overpayment, to Deduce the Director overpayment, to Deduce the Director overpayment of the Director overpayment, to Deduce the Director overpayment of the Director overpayment, to Deduce the Director overpayment of the Director overpayment overpayment of the Director overpayment overpayment overpayment of the Director overpayment ov	to 3 registered pate tively, gle firm (having as ragent) and the nar torneys or agents. It is printed.  Type)  patent. If an assignment.  Ty and STATE OR  Individual (1)  lease first reapply of the composit Account Number of the posit Account Number onger claiming SMA	a member a member nes of up f no name  COUNTR  A VYY  Corporation  any previous  8 is attack  urge the reser OF	to is 3 John  Intified below, the distribution of the private groundly paid issue fee thed.  Ty status. See 37 C	Vankeeuu D. Flynn locument has been oup entity Gov shown above) efficiency, or credit an extra copy of this EFR 1.27(g)(2).	
CFR 1.363).  Change of corresp Address form PTO/SB/47: Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set form ANAME OF ASSIGNEE CONCENTS.  The Concentration of the set of the	ondence address (or Cha 2/122) attached.  ication (or "Fee Address 2 or more recent) attached.  ND RESIDENCE DATA 2 cess an assignee is ident in in 37 CFR 3.11. Composite Compo	inge of "Indicated Use ned Use	correspondence  ation form  of a Customer  E PRINTED ON  Alow, no assignee of this form is NO  Machier  ries (will not be presented)  37 CFR 1.27.  will not be accepte	(1) the names of up or agents OR, alternation (2) the name of a sirregistered attorney of 2 registered patent a listed, no name will appear on the T a substitute for filing at (B) RESIDENCE: (Crosciented on the patent):  b. Payment of Fee(s): (P A check is enclosed Payment by credit overpayment, to Deduce the Applicant is no left of the patent of the Director is here overpayment, to Deduce the Applicant is no left of the payment of the Director overpayment, to Deduce the Applicant is no left of the payment of the Director overpayment, to Deduce the Applicant is no left of the Director overpayment, to Deduce the Director overpayment, to Deduce the Director overpayment of the Director overpayment, to Deduce the Director overpayment of the Director overpayment, to Deduce the Director overpayment of the Director overpayment overpayment of the Director overpayment overpayment overpayment of the Director overpayment ov	to 3 registered pate tively, gle firm (having as ragent) and the nar torneys or agents. It is printed.  Type)  patent. If an assignment.  Ty and STATE OR  Individual (1)  lease first reapply of the composit Account Number of the posit Account Number onger claiming SMA	a member a member nes of up f no name  COUNTR  A VYY  Corporation  any previous  8 is attack  urge the reser OF	to is 3 John  Intified below, the distribution of the private groundly paid issue fee thed.  Ty status. See 37 C	Vankeeuu D. Flynn locument has been oup entity Gov shown above) efficiency, or credit an extra copy of this EFR 1.27(g)(2).	
CFR 1.363).  Change of corresp Address form PTO/SB/47: Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set for (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (B) Please check the appropriate of the condition o	ondence address (or Cha 2/122) attached. ication (or "Fee Address 2 or more recent) attached.  ND RESIDENCE DATA less an assignee is ident in 37 CFR 3.11. Companies of Companies assignee category of the companies of Copies	A TO B iffied be pletion of a category category category in the category in th	correspondence ation form to of a Customer E PRINTED ON Alow, no assignee of this form is NO Tries (will not be presented) 37 CFR 1.27. will not be accepted that Trademark	(1) the names of up or agents OR, alternative (2) the name of a sir registered attorney of 2 registered patent a listed, no name will listed, no name will of the PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (Crosciented on the patent):  b. Payment of Fee(s): (Payment of Fee(s): (Payment by credit of Payment by credit overpayment, to December 1) b. Applicant is no lid from anyone other that of office.	to 3 registered pate tively, gle firm (having as ragent) and the nar tomeys or agents. It be printed.  Type)  patent. If an assigment. If an assigment. If an assigment. If and STATE OR Individual In	a member nes of up f no name is ide COUNTR A M Corporatio any previous 8 is attacking the record of	to is 3 John  Intified below, the distribution of the private groundly paid issue fee thed.  Ty status. See 37 C	Vankeeuu D. Flynn locument has been oup entity Gov shown above) efficiency, or credit an extra copy of this EFR 1.27(g)(2).	